



FATHER LEONARD VAN TIGHEM, OMI, SCHOOL

25 Stoney Crescent West
Lethbridge, Alberta T1K 6V5
(403) 381-0953 · Fax: (403) 381-0906

Shannon Collier, Principal
Justin Molas & Laurie Campmans, Associate Principals



May 13th, 2024

Dear Students and Parents,

On **THURSDAY, JUNE 20th** the grade 7 teachers have planned a science field trip for all of the FLVT Science 7 students to Devil's Coulee Dinosaur and Heritage Museum in Warner, where students will participate in Science 7 Programming. Below is a basic outline of the itinerary for the day.

- o 9:00 a.m. – School buses depart for Warner from FLVT
- o 10:00 a.m. – Arrive at the Devil's Coulee Museum/paleontology site
- o 10:15 a.m. – Start tours complete programing
- o 12:15-12:30 p.m. – Meet together for lunch
- o 12:15-2:00 p.m. –Continue museum tours and programming
- o 2:00 p.m. – Depart from the Museum for FLVT
- o 3:00 p.m. – School busses arrive back at FLVT

While on the trip, students will be required to complete an assignment that relates to the Science 7 curriculum, with the goal of gaining a deeper knowledge of geologic time and the necessary technical skills required of paleontologists to gain this understanding. This assignment is to be completed throughout the trip that day and those students that do not attend the field trip will be expected to complete an alternate assignment in school during the day of the field trip. The cost of the trip is **\$35** which covers the students' transportation to and from Devil's Coulee Dinosaur and Heritage Museum, and museum admission/programming and 2 pieces of pizza for lunch.

Students will require additional spending money if items or small snacks are desired to be purchased at the museum gift shop. On the day of the trip, please have your child dress appropriately, wearing comfortable footwear to prevent slips, trips, and falls as we will be participating in a short walk through the dinosaur excavation site. Please also have your child bring a hat, sunscreen, water and additional snacks throughout the day. We encourage parents to come along on the trip as chaperones, as 9 are required for our large group. There will be no charge for chaperones and you will be required to supervise a small group of students.

If you would like your son/daughter to take part in this activity on Thursday, June 20th, **THE ATTACHED FORM MUST BE FILLED OUT AND RETURNED WITH THE \$35 FEE PAID NO LATER THAN MONDAY, JUNE 10TH** as arrangements need to be made in advance of our arrival date. Thank-you and if you have any questions feel free to contact one of us at the school at 403-381-0953.

Sincerely,

Mrs. Johnson, Mr. Meyer, Ms. Giannetti, and Ms. Tkach

I hereby authorize _____ (student) in _____ (homeroom) to attend the **GRADE 7 DEVIL'S COULEE DINOSAUR AND HERITAGE MUSEUM TRIP**, and I understand and consent to the transportation by bus. I also give consent for supervisors to seek medical treatment if necessary. The supervisors will make every effort to contact parents regarding any emergency as soon as possible. I also give permission to make changes in arrangements for student pick-up from the above activities if necessary.

Parent/Guardian Name (please print)

Signature of Parent/Guardian

Date

Emergency Contact

Phone Number

Relationship

The **\$35** fee for the trip has been paid: ☐ **School Cash Online (preferred)** ☐ **Cash**

The following is a list of my child's medical conditions (including allergies, conditions requiring medication, etc.) and a list of medication that my child must take and any special instructions regarding medication storage and administration:

Are you interested in being a chaperone on the trip?

☐ **YES**

☐ **NO**

If yes, please provide the following information so we can contact you and confirm a spot is available for you on the bus:

Name: _____ Contact #: _____

"Many Hands Building A Better World"

“Many Hands Building A Better World”



The Holy Spirit Roman Catholic Separate School Division

Informed Consent Form –

INFORMED CONSENT AND

ASSUMPTION OF RISK AGREEMENT (to be executed by parents / guardians of Individual (Child) who is under the age of majority)

By signing this document, you will assume certain risks and responsibilities, please read carefully.

Individual (Child)'s Name: _____ School Name: _____

Location: _____ Start/Departure Time: _____

Grade/Class: _____ End/Return Time: _____

Teacher/Supervisor in Charge: _____ Date: _____

1. This is a binding legal agreement. Clarify any questions or concerns before signing. As an Individual participating in programs, classes, and events sponsored or organised¹ by The Holy Spirit Roman Catholic Separate School Division and its schools (collectively the "School Division"), the activities can include but are not limited to: _____ (collectively the "Activities"), the undersigned, being the Individual and Individual's Parent/Guardian (collectively the "Parties"), acknowledge and agree to the terms outlined in this agreement.
2. I am the Parent / Guardian of the Individual and have full legal responsibility for the decisions of the Individual.

Parent/Guardian's Name: _____ Phone Number: _____

Description of Risks

3. The Individual is participating voluntarily in the Activities. In consideration of that participation, the Parties hereby acknowledge that they are aware of the risks, dangers and hazards that they may be exposed to, which include, but are not limited to:
 - A. Contracting COVID-19 or any other contagious disease;
 - B. Exerting and stretching various muscle groups;
 - C. The failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment, resulting in injury;

INFORMED CONSENT FORM

Page 2

- D. Abrasions, sprains, strains, fractures, or dislocations from slipping, jumping, falling, or running;
 - E. Privacy breaches, hacking, technology malfunction or damage;
 - F. Sickness, nausea, head ache, and other sicknesses from participating in rides or viewing, including but not limited to roller coasters, animal exhibits, rides, and other Activities;
 - G. Physical contact with other Individuals;
 - H. Not wearing appropriate attire or footwear;
 - I. Failure to act safely or within the Individual's ability or within designated areas;
 - J. Negligence of other persons, including Individuals, or employees;
 - K. Extreme weather conditions;
 - L. Travel to and from Field Trip location
4. The Parties understand and acknowledge that:
- A. The Activities have foreseeable and unforeseeable inherent risks, hazards and dangers that no amount of care, caution or expertise can eliminate, including without limitation, the potential for serious bodily injury, and in rare occurrences, permanent disability, paralysis and loss of life;
 - B. The School Division has a difficult task to ensure safety and it is not infallible. The School Division may be unaware of the Individual's fitness or abilities, may give incomplete warnings or instructions, may misjudge weather or environmental conditions, and the equipment being used might malfunction;
5. In consideration of the School Division allowing the Individual to participate in the Activities, the Parties agree:
- A. That the Individual's mental and physical condition is appropriate to participate in the Activities;
 - B. That when the Individual practices or trains, the Parties are responsible for the Individual's surroundings and the location and equipment that is selected for the Individual;
 - C. To comply with the rules and regulations for participation in the Activities including the Safety Guidelines for Physical Activity in Alberta Schools as enforced by the RESPONSIBLE PERSON in their club / team / cohort;
 - D. To a rescheduling of the Activities, should unforeseen circumstances affect the viability of these Activities;
 - E. To comply with the rules of the facility or equipment;
 - F. That if the Individual observes an unusual significant hazard or risk, the Individual will remove themselves from participation and bring such to the attention of a School Division representative immediately;

INFORMED CONSENT FORM

Page 3

- G. The risks associated with the Activities are increased when the Individual's abilities are compromised, for any reason, including, but not limited to fatigue, muscle strain, compromised vision, minor injury and the Individual agrees not to participate if impaired in any way;
 - H. That it is the Individual's sole responsibility to assess whether any Activities are too difficult for the Individual. By the Individual commencing an Activity, they acknowledge and accept the suitability and conditions of the Activity;
 - I. That the Parties acknowledge that they have considered and disclosed to the School Division all physical or mental health conditions, allergies, intolerances, and any other risks associated with these conditions, that could potentially affect the Individual's ability to safely participate in the Activities. Permission for the Individual to participate in the Activities is therefore based upon belief that the Individual does not have any intolerances, allergies, or health conditions that have not been disclosed, and could affect the Individual's ability to safely participate in the Activities.
6. In consideration of the School Division allowing the Individual to participate, the Parties agree:
- A. That the Parties are not relying on any oral or written statements made by the School Division or their agents, whether in a brochure or advertisement or in individual conversations, to agree to be involved in the Activities; and
 - B. That the School Division is not responsible or liable for any damage to the Individual's vehicle, property, or equipment that may occur as a result of the Activities

1. General

7. The Parties expressly agree that this Agreement is intended to be as broad and inclusive as is permitted by law and that if any of its provisions are held to be invalid, the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgement

8. The Parties acknowledge that they have read this Agreement and understand it, that they have executed this Agreement voluntarily, and that this Agreement is to be binding upon themselves, their heirs, their spouses, parents, guardians, next of kin, executors, administrators and legal or personal representatives.

INFORMED CONSENT FORM

Page 4

Name of Individual (print)

Signature of Individual

(For students 18 years of age or older)

Date

Name of Parent / Guardian
(print)

Signature of Parent / Guardian

(For students under 18 years old)

Date

The information collected on this form is being collected pursuant to the Education Act (Student Record Regulation), the Freedom of Information and Protection of Privacy (FOIP) Act, and Section 23 of the Canadian Charter of Rights and Freedoms. Information acquired through this form is kept secure and access is restricted. If you have any questions regarding the collection or use of this information, please contact your school principal or The Holy Spirit Roman Catholic Separate School Division's FOIP Coordinator, 402-327-9555



Devil’s Coulee Cooperating Society
Box 156, Warner, Alberta, T0K 2L0
403-642-2118
admin@devilscoulee.com
www.devilscoulee.com

Devil’s Coulee Site Tour Liability and Risk Waiver 2024

Release of Liability, Waiver of Claims, Assumption of Risks and Indemnity Agreement

Warning: By signing this document, you will waive certain legal rights, including the right to sue.

Staff initials: _____

First name: _____

Surname: _____

Date of birth: ____/____/____

Address: _____

Contact number: _____

E-mail address: _____ (to receive our newsletter and program updates)

Please read and be certain you understand the implications of signing

I, do affirm and acknowledge that I have been fully informed of the inherent hazards
and risks associated with travelling to and hiking at the Devil’s Coulee Dinosaur Egg Site*. Inherent hazards
and risks include but are not limited to:

1. Risk of falling, causing broken bones and severe head, neck and back injuries, which may result in severe impairment or even death.
2. All “acts of nature,” including but not limited to avalanche, rock fall, inclement weather, thunder and lightning, severe and or varied wind, temperature and other weather conditions.
3. Risks associated with crossing, climbing or climbing down of rocks.
4. My own negligence and/or the negligence of others, including employees and volunteers.
5. Heat-related injuries and illnesses include but are not limited to heat exhaustion, heat stroke, sunburn, and dehydration.
6. Attach by or encounter with insects, reptiles, and/or animals.
7. Fatigue, chill and/or dizziness may diminish my reaction time and increase the risk of accidents.
8. My sense of balance, physical coordination and ability to follow instructions.

*I understand that the description of these risks is incomplete and that unknown or unanticipated risks may result in injury, illness, or death.

1/2

Release of Liability, Waiver of Claims and Indemnity Agreement

In consideration for being permitted to participate in any site tour and related activities, I hereby agree, acknowledge and appreciate that:

1. I HEREBY RELEASE AND HOLD HARMLESS CONCERNING ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY

NEGLIGENCE OR OTHERWISE, the following named persons or entities, herein referred to as: **Devil's Coulee Dinosaur and Heritage Museum (Devil's Coulee Cooperating Society)**

2. To release the Society, their officers, directors, employees and volunteers from liability and responsibility whatsoever and for any claims or causes of action that I, my estate, heirs, survivors, executors or assigns may have for personal injury, property damage, or wrongful death arising from the above activities whether caused by active or passive negligence of the releases or otherwise. By executing this document, I agree to hold the Society harmless, and in conjunction with any injury, disability, death, loss, or damage to person or property that may result from engaging in the above activities.

3. By entering into this Agreement, I am not relying on any oral or written representation or statements made by the Society other than what is outlined in this agreement.

This release shall be binding to the fullest extent permitted by law. If any provision of this release is unenforceable, the remaining terms shall be enforceable.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, AND I FULLY UNDERSTAND ITS TERMS AND UNDERSTAND THAT I HAVE GIVEN UP LEGAL RIGHTS BY SIGNING IT. I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of adult participant

Signature of adult participant

Date

FOR PARTICIPANTS OF MINORITY AGE: This is to certify that I, as parent, guardian, temporary guardian with legal responsibility for this participant, do consent and agree not only to his/her/their release of the Society, but also to release and indemnify the Society from any and all liabilities to his/her/their involvement in these programs for myself, my heirs, assigns, and next of kin.

Name of minor participant

Date of birth

Name of parent or legal guardian

Signature of parent or legal guardian

Date

